Exhibit B

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CUSTOMER CLAIM

Claim Number	_
Date Received	_

BERNARD L. MADOFF INVESTMENT SECURITIES LLC

	In L	iquidation	
	DECEM	BER 11, 2008	
Trustee for Bernard Clain 2100 M		Provide your office and OFFICE: HOME: 631-64 Taxpayer I.D. Number (3-7493
(If incom	BEFORE COMPLETING THIS CI ACCOMPANYING INSTRUCTION BE FILED FOR EACH ACCOUNTION AFFORDED UNDER SIPA, ALL OF TRUSTEE ON OR BEFORE MEDATE, BUT ON OR BEFORE	ON SHEET. A SEPARATE ON NT AND, TO RECEIVE THI CUSTOMER CLAIMS MUST PAICH 4. 2009. CLAIMS RE	FULL PROTECTION BE RECEIVED BY THE CEIVED AFTER THAT
	PROCESSING AND TO BEING S CLAIMANT. PLEASE SEND YO RECEIPT REQUESTED.	SATISFIED ON TERMS LESS OUR CLAIM FORM BY CERT	FIFIED MAIL - RETURN
*****	***********	*********	***
1.	Claim for money balances as a . The Broker owes me a C	Credit (Cr.) Balance of	\$ <u> </u>
	b. I owe the Broker a Debit	(Dr.) Balance of	\$

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	C.	If you wish to repay the Debit Balance,							
		please insert the amount you wish to repay	and						
		attach a check payable to "Irving H. Picard, Esq.,							
		Trustee for Bernard L. Madoff Investment S							
		If you wish to make a payment, it must be							
		with this claim form.		\$ 6	>				
	d.	If balance is zero, insert "None."		· -	NE ZU				
2		m for securities as of December 11, 2008 :							
۷.									
PLEA	SE DO	NOT CLAIM ANY SECURITIES YOU HAVE	IN Y	OUR POSSE	SSION.				
			YI	<u> </u>	NO				
	a.	The Broker owes me securities	48	<u> </u>					
	b.	I owe the Broker securities			NO				
	C.	If yes to either, please list below:							
		,		Number o	f Shares or				
				Face Amou	nt of Bonds				
Date	of			The Broker	I Owe				
	action			Owes Me	the Broker				
(trade	date)	Name of Security		(Long)	(Short)				
	AS	PER ENCLOSED 11-39-08 THTEMENT							
-		THTEMENT							
 _									
									
									

Proper documentation can speed the review, allowance and satisfaction of your claim and shorten the time required to deliver your securities and cash to you. Please enclose, if possible, copies of your last account statement and purchase or sale confirmations and checks which relate to the securities or cash you claim, and any other documentation, such as correspondence, which you believe will be of assistance in processing your claim. In particular, you should provide all documentation (such as cancelled checks, receipts from the Debtor, proof of wire transfers, etc.) of your deposits of cash or securities with the Debtor from as far back as you have documentation. You should also provide all documentation or

information regarding any withdrawals you have ever made or payments received from the Debtor.

Please explain any differences between the securities or cash claimed and the cash balance and securities positions on your last account statement. If, at any time, you complained in writing about the handling of your account to any person or entity or regulatory authority, and the complaint relates to the cash and/or securities that you are now seeking, please be sure to provide with your claim copies of the complaint and all related correspondence, as well as copies of any replies that you received.

PLEASE CHECK THE APPROPRIATE ANSWER FOR ITEMS 3 THROUGH 9.

NOTE: IF "YES" IS MARKED ON ANY ITEM, PROVIDE A DETAILED EXPLANATION ON A SIGNED ATTACHMENT. IF SUFFICIENT DETAILS ARE NOT PROVIDED, THIS CLAIM FORM WILL BE RETURNED FOR YOUR COMPLETION.

		YES	<u>NO</u>
3.	Has there been any change in your account since December 11, 2008? If so, please explain.		
4.	Are you or were you a director, officer, partner, shareholder, lender to or capital contributor of the broker?		
5.	Are or were you a person who, directly or indirectly and through agreement or otherwise, exercised or had the power to exercise a controlling influence over the management or policies of the broker?		
6.	Are you related to, or do you have any business venture with, any of the persons specified in "4" above, or any employee or other person associated in any way with the broker? If so, give name(s)	•	
7.	Is this claim being filed by or on behalf of a broker or dealer or a bank? If so, provide documentation with respect to each public customer on whose behalf you are claiming.		
8.	Have you ever given any discretionary authority to any person to execute securities transactions with or through the broker on your behalf? Give names, addresses and phone numbers.		<u> </u>

9.	Have you or any member ever filed a claim under Investor Protection Actor so, give name of that br	the Securities of 1970? if	y 	
	Please list the full name preparation of this claim	e and address of form:	of anyone assisting you in t	he
If you case, p	annot compute the amoun lease indicate your claim	nt of your claim, is an estimated	you may file an estimated of claim.	claim. In that
CONVI	A VIOLATION OF FEI CTION CAN RESULT SONMENT FOR NOT MO	IN A FINE (TO FILE A FRAUDULE OF NOT MORE THAN \$ EYEARS OR BOTH.	NT CLAIM. 550,000 OR
INFOR	MATION AND BELIEF.		ACCURATE TO THE BE	
Date _	1-14-09	Signature_	Lyce Rose	<u> </u>
Date		_ Signature_		

(If ownership of the account is shared, all must sign above. Give each owner's name, address, phone number, and extent of ownership on a signed separate sheet. If other than a personal account, e.g., corporate, trustee, custodian, etc., also state your capacity and authority. Please supply the trust agreement or other proof of authority.)

This customer claim form must be completed and mailed promptly, together with supporting documentation, etc. to:

Irving H. Picard, Esq.,
Trustee for Bernard L. Madoff Investment Securities LLC
Claims Processing Center
2100 McKinney Ave., Suite 800
Dallas, TX 75201

TAIN THIS STATEMENT FOR INCOME TAX PURPOSES	378 270 270 234 567 621 205 126 234 234 171 171 324 180 585	RECEIVED OR LONG DELIVERED OR SHORT	RDI. ENT SECT LO TH IDE LA
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	29.800 34.900 87.830 87.270 14.510 59.580 38.530 44.660 21.810 100.780 100.780 16.940 54.610 54.610 54.610 54.610 54.610 54.610 54.610 54.610 54.610	PRICE OR SYMBOL	том ассоцит мимеея 1-20054-3-0
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	TO YOUR ACCOUNT	AMOUNT CREDITED	Allitated with Madoff Securities International Limited 12 Berkeley Street 12 Berkeley Street Mayfair. London W1J 8DT Tel 020 7493 6222 PANTER INDESTITICATION NUMBER *****7542

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	79-530 53-160 19-639 30-410 337-400 99-936 1	49-480 16-510 27 52-510 52-040 16-730	1-R 0054-3-0	AND SECOND STATES
	5,588.17 16,530.75 5,745.28 22,482.09 9,317.45 9,110.80 40,933.00	6,584-80 5,361-24 17,278:00 8,512-62 5,624-32 11,017-51	AMOUNT DEBITED AMO	PERIOD EX 11/30
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	CONTINUED ON PAGE 4	ABBOTT LABORATORIES AMBEN INC APPLE INC BANK OF AMERICA CHEVRON CORP	SECURITY POSITIONS	FIDELITY SPARTAN U. S. TREASURY MONEY MARKET FIDELITY SPARTAN U. S. TREASURY MONEY MARKET	TIPELLIT SPARTAN U.S. TREASURY MONEY MARKET CHECK FIDELITY SPARTAN U.S. TREASURY MONEY MARKET DIV 11/25/08	FIDELITY SPARTAN U.S. TREASURY MONEY MARKET U.S. TREASURY BILL DUE 03/26/2009 3/26/2009	DESCRIPTION		885 Third Avenue New York, NY 10022 (212) 230-2424 800 334-1343 Fax (212) 838-4061
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	16.540 8-290 46.870 17.340 52.520 80.150 17.170 292.960 31.660 81.600 31.660 58.580 58.720 20.220 16.430 42.160 64.350 33.570	PRICE OR SYMBOL	YOUR ACCOUNT MUNEER 1-R0054-3-0
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